

City of Wapello, Iowa
Application for Water Service

Acct. # _____

Current Date _____ Service Request Date _____
Property Classification: Commercial Residential
Select One: Homeowner Renter-Landlord Name: _____ Phone _____
Property Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Number of persons who live at this address: 1 2 3 4 5 6 or More

Billing Information

This form must filled out completely. A valid drivers license or other valid picture ID for proof of identity must be presented.

Last Name _____ First Name _____ Middle Initial _____
Social Security Number: _____
Drivers License Number: _____
Date of Birth: _____
Employer _____
Employer Address _____
Work Phone: _____ Occupation: _____

Spouse/Partner

Last Name: _____ First Name: _____ Middle Initial : _____
Social Security Number: _____
Drivers License Number: _____
Date of Birth: _____
Employer: _____
Employer Address: _____
Work Phone: _____ Occupation: _____

Utilities at Previous Address Provided By:

Company Name: _____
Address: _____ City: _____ State: _____ Phone: _____

In case emergency services are required, and we are unable to locate you, please list a relative living nearest to you whom we could contact: Name _____

Address _____ City: _____ State _____ Phone: _____

The undersigned hereby makes application with the City of Wapello, Iowa for water, sewer and garbage services. The undersigned agrees to pay for the utility services provided by the City of Wapello, Iowa. The utility bills are mailed the last day of each month with a due date for the 15th of each month.

The undersigned agrees to notify the said City, in writing or in person, of termination of service. The undersigned agrees to supply a shut off date for City services and a forwarding address for final billing.

Signature _____

FOR OFFICE USE

Application Taken By	_____	_____
Meter Deposit	\$150.00	Date Paid _____
Processing Fee	\$15.00	Amount Paid _____
Garbage-First Month	\$15.00	Paid by Cash or Check Number _____
TOTAL	\$180.00	

Deposit Recorded on Computer _____
Customer moved, applied deposit to final bill OR Customer moved, refunded full deposit _____
Date _____ Check #: _____ Date _____ Check #: _____